

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 586223

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		X	X		
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		3				
11			1			
12				/		
13				/		
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16				/		
17				/		
18				/		
19				/		
20				/		
21			1			
22				/		
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49						
50						
TOTAL IND.	1	↓	3	↓		↓
TOTAL DEP.	11	←	17	←		←
TOTAL CLAIMS	12		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						